

Nevada State Board of

NURSING NEWS

March 2017

A smiling female nurse with dark hair, wearing blue scrubs, stands with her arms crossed in the foreground. Behind her is the Nevada State Capitol building, a large stone structure with a prominent dome and arched windows, surrounded by green trees under a clear blue sky.

The Importance of Nurses Being Politically Active

p.6

Official Publication of the Nevada State Board of Nursing



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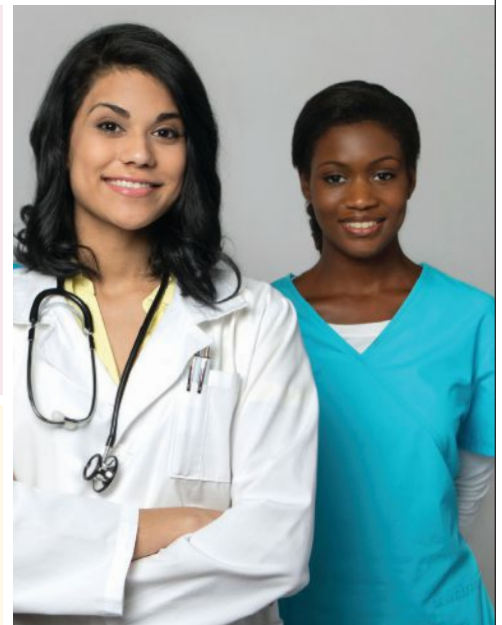
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WORDS

• FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

This issue finds us in the midst of the 2017 legislative session. The nurse compact (ENLC) (AB 18) was heard in the Assembly Commerce and Labor Committee. The Committee had many questions about the compact legislation and it will be up to the Nevada State Board of Nursing (NSBN) to address those questions. Several of the questions from the Committee had to do with the oversight of the ENLC at a national level and the effect of that oversight at the state level. The oversight of the ENLC is done thru the Interstate Commission. Each state that is part of the compact has one representative from that state who is allowed a vote at the table. The Commission is an instrumentality of the party states and must abide by all open meeting laws.

The other concern is about the disciplinary process that occurs when a nurse is being investigated for violations of the Nurse Practice Act. The ENLC provides a streamlined communication between compact states regarding investigations and discipline. For example, if a nurse in Nevada goes to work in another compact state and violates that state's nurse practice act, an investigation will be initiated by the state where the event occurred. Under the ENLC, that state is required to notify all compact states regarding the investigation. All states must work together and cooperate during the investigation. This provides for greater public protection. Only the home state (the state where residency is declared) can discipline the license. Nurses working in different states under their ENLC privilege must abide by that state's laws related to nursing practice.

So, how does the ENLC benefit nurses in Nevada? The ENLC allows a nurse to have one license in his/her home state but have a privilege to practice in all compact states. This would mean one fee for that nurse. In addition, the

nurse only needs to abide by the licensure requirements of the home state. This allows nurses to work in multiple states with one license.

There is opposition to the ENLC and the NSBN is working with those in opposition to address concerns. Please let us know if you would like to provide written support for the ENLC.

In other legislative news, we are waiting to hear from the Governor's office regarding opiate legislation. We do not know yet what that legislation will look like but we anticipate it will mirror current national trends regarding prescribing guidelines and compliance with the Prescription Monitoring Program. The NSBN will be hiring an APRN in the near future to assist us with all questions related to APRN practice.

Our office is often asked to address marijuana and the impact of its legalization on the nurse practice act. To date, there is no impact of marijuana legalization on the nurse practice act. Despite its legalization, most facilities have a drug free work place so there is no bearing on the current nurse practice act. Please do not hesitate to contact our office if you would like us to come speak to your organization.

In Education news, staff attended the LPN symposium in Reno. The symposium was intended to assist LPNs with the new regulations that were implemented last year. There continues to be some confusion with the regulations, but the symposium drew educators, LPNs and regulators together to discuss LPN practice. LPNs serve a vital role in our state and I am glad the new regulations have finally caught up with practice.

As we continue to address legislative issues, we do want to hear from you. Please do not hesitate to call us and share your thoughts or concerns.




MESSAGE

• FROM THE PRESIDENT

Dr. Rhigel 'Jay' Tan, DNP, RN, APRN

Welcome to the first edition of the Nevada State Board of Nursing Magazine for 2017! We have an exciting year ahead of us. February 6th, 2017 marked the beginning of this legislative session. We are keeping our eye on the Enhanced Nurse Licensure Compact Bill (AB 18) that has been put forward. The Enhanced Nurse Licensure Compact will allow nurses in Nevada to not only hold a Nevada Nursing license, but also hold a privilege to work in other states that have enacted the Enhanced Compact as well. As you may recognize, I continue to write Enhanced Nurse Licensure Compact. This is different from the Compact that other states have had enacted previously. The largest difference, and the reason the Nevada State Board of Nursing is supporting this compact, is because the Enhanced Nurse Licensure Compact will require background checks for all participants. The background checks will allow Nevada to keep its citizens safe by ensuring all nurses who have a privilege, or license, to work in Nevada have passed this requirement. The mission of the Nevada State Board of Nursing is to protect the public through effective nursing regulation. The Board of Nursing will continue to protect and promote this mission by supporting regulation that decrease barriers for nurses to practice. The Board understands Nevada nurses have the ability to provide more care to more patients if their license, or privilege, allows them to cross state lines; therefore, it is the Board's goal to support AB 18 through the legislative process. During this time, it is important to reflect on your own practice and your own involvement in the nursing profession. There are many important issues facing not only nurses, but health care in general. Please consider becoming involved in your profession by joining an organization, or sitting on one of the Nevada State Board of Nursing's committees. We want to hear from you. You are the eyes and ears of our profession, and your experience and expertise will only strengthen our profession as a whole. I look forward to giving you updates in the months to come. Remember, if you ever would like a presentation from the NSBN staff please don't hesitate to call the office or email a staff member for further information.



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THE IMPORTANCE OF NURSES BEING **POLITICALLY ACTIVE**

Jennabelle Jo Andrews Alexander, MSN, MSHA, RN



This is an important time of year as the country looks to inaugurate a new president. Politics are forefront in everyone's mind. With the constant barrage of negativity it is not uncommon for people to decide to step away from politics all together. Nurses need to understand the unique role they play in supporting positive transformation in the health care system and the profession of nursing. There are various aspects of the health care system and routine concerns affecting the community and the nursing profession that nurses are uniquely qualified to educate politicians about. Professional organizations in nursing are a way for professionals to communicate, generate ideal and proactively work to maintain a strong profession that advocates for the needs of the community, nurses, and the trust of society (Marriner- Tomey, 2009).

One issue that many health care facilities are facing today is understaffing caused by the lack of registered nurses locally (Alexandre & Glazer 2009). To persuade and prepare more students to enter the field of nursing, the nursing community should support education programs and encourage politicians to provide money for nursing programs. More programs will yield more nurses, however, those in the nursing profession should also support nursing programs that are of higher quality in order to produce superior qualified nurses.

The American Nurses Association (ANA) House of Delegates and the ANA Board of Directors are entrusted to set policy for the workplace, patient care, and many other areas in health care (Alexandre & Glazer 2009).

When a topic of interest is noted or there are different views and opinions concerning political events, the House of Delegates and/or the Board of Directors can speak to these concerns by way of a position statement or resolution (Alexandre & Glazer 2009). Nurses can use information published by the ANA to keep aware of issues that affect them, and come together in one voice to educate the politicians on these issues.

The American Recovery and Reinvestment Act of 2009 is an example of a law that has a moderate amount of political activity affecting nurses. This relatively new law sets aside a meaningful sum of money in support of increasing the capability of the healthcare system in meeting the needs of the people (Alexandre & Glazer 2009). The allotment of money for different programs, including nursing programs, reveals the existing Government's respect for the nursing profession and understands that a sustainable healthcare workforce is reliant on adequate amounts of nurses must be recruited into the profession at all levels (Alexandre & Glazer, 2009).

Though federal funds currently supporting nursing programs are advantageous to the nursing profession, it is essential that nurses continue to be attentive to this issue and maintain that this monetary support is utilized wisely (Alexandre & Glazer, 2009). It is important to have nurses in the healthcare system, and because of this nurses need to be ready to take advantage of Recovery Act assets in order to improve the numbers of qualified nurses entering the profession (Alexandre & Glazer 2009).

It is also possible to be involved with more local associations that play a part in political activities, for example the State Nursing Associations or coalitions. Another possibility would be a specialty organization like the American Association of Colleges of Nursing (AACN). These associations create policies and work to create positive changes within the health care system.

It is important to understand that reform is here and nurses are significantly affected. There is a need for nurses to have their voices heard in order to define nursing standards and drive health

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To persuade and prepare more students to enter the field of nursing, the nursing community should support education programs and encourage politicians to provide money for nursing programs.

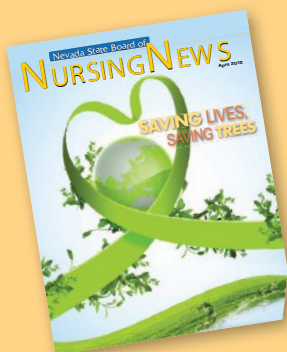
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care. This is the best way to advocate for patients and assist in the restructure of the healthcare system.

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COMMUNITY EXPERIENCE AS A TEACHING TOOL

Experiential Learning in an Associate Degree Nursing

Peg Dann Farrar, MS, RN, *Carrington College Faculty*

Experiential learning has many advantages for nursing students. Direct personal experience utilizing reflection and relationships has been an important part of nursing education for most of the time that faculty have been teaching nursing.

Carrington College has many students who have not lived in the Reno area for long, and therefore are not aware of the services available. Reno, and the surrounding area has a highly transient population, and was one of the last areas to come out of the recession. Reno also has a relatively high violent crime rate and a high property crime rate, there are almost 1000 homeless people in Reno, and many are not able to utilize the shelters available. In addition, Reno has the 2nd highest rate of cost of housing in the US, which diminishes the abilities of groups like Habitat for Humanity to assist people. There are many people in Reno who require services either to stay well, and our students need to be more aware of the services and how to access them.

Faculty developed the diagnosis of readiness for enhanced empathy related to being a nursing student AEB interest in the community project

Faculty organized this project using scenarios. Students purchased a bus pass for the Reno Bus system, and utilized it for all of their travels during this project.

An example of a scenario was “Meet at the Meadowood Mall bus station at 0830. You can park in the mall lot. Please pack a lunch. Wear comfortable, neat, street clothes that are very simple (no ripped or tattered jeans, no tattoos visible). Please carry a backpack or a small purse with an across the shoulder strap. You will have to buy a bus pass (\$5 prior, \$7 on bus) if you have not done so already, and correct change is sometimes required. You will need to wear your Carrington Student

ID when you enter each agency. Feel free to show people this instruction sheet, and our contact info. Get together with your group and read through your scenario. Please designate one member of your group to contact professors every two hours. Plan out your day’s travels, using the RTC bus system to get to all of the places you want to visit. Go to each agency in your scenario and gather information about the services there, considering whether they would benefit the person(s) in your scenario. Collect materials (as needed) for your poster. Safety is paramount, so leave immediately if you feel unsafe anywhere. Call 911 if needed. After completion of your adventure, return to Carrington College, complete your questionnaire and sign up for a poster that you will prepare highlighting the agency you have chosen.”

The agencies were not aware the students were coming. The agencies are public entities, and serve the public, and therefore should be ready to assist whoever walks in. While at the agencies the students get information and materials for their final poster.

After the students had visited the agencies as listed on their scenario, they returned to school and individually completed an evaluation of the experience.





Evaluation feedback was received in both verbal and written form: Some examples include:

"The bus drivers are a great community resource – they know where everything is, and how to get there. But we had to ride 5 buses today."

"We were fine doing this, but we had cell phones and are comfortable with computers. I don't know if all people could do it."

"We saw a woman with children get turned away from the shelter because they were full."

"I was really nervous about this, but we had a great time, and I am amazed at some of the services that are available. Plus I got to know my classmates better."

"We had to walk a lot. I think a woman with a couple kids in a stroller would have had a hard time of it."

"There were not a lot of things in Spanish, unless you asked, and even then, some agencies just directed you to their website."

This is a valuable use of time for the students. Reflection afterwards

allows the students an opportunity to realize some of the challenges their future patients may face, and in turn may be more understanding of issues in the community. As a result of this activity, several students have become volunteers at agencies or advocated for services to those agencies through the Student Council.

By reflecting on their experiences and creating posters highlighting some of the community agencies available, the students are better able to identify both met and unmet needs in the community. They also get a better opportunity to meet classmates and learn more about the different types of people attracted to the nursing profession. Finally, they have a chance to reflect on some of the issues that their future patients may face as they seek out services.

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EXAMPLES OF SCENARIOS

Mr. and Mrs. Nigro are your neighbors. Mr. Nigro has been diagnosed with early dementia. Mrs. Nigro has a friend who comes three days a week and stays with Mr. Nigro, so that Mrs. Nigro can have a break. Their house needs adaptive equipment installed, and they need some education about Alzheimers. They may need more help as time goes on, and you are checking out what agencies can do for them.

Center for Independent Living
The Alzheimer's Association
UNR Sanford Center for Aging
Retired Senior Volunteer Program
Daybreak

Travis Little is 4 years old, and has just been diagnosed with autism. His parents fear that their two year old, Tyler may have autism as well – he is not developing normally. Travis is nonverbal, only started walking at age 3, and has difficulty with maintaining eye contact.

Agencies:
Family Ties

Early Head Start
Nevada Center for Excellence and Disability
St. Vincent's
Family Counseling Services

Chris Capon is an 18 y/o woman who has a 2 year old child, who needs to come with her to agencies, as she has no babysitter. Chris works at a small group home, night shift, and is paid \$15/hour. She has no insurance, and has not looked into getting any yet. Childcare is an issue. She and her daughter live in an apartment that costs \$550/month. She just found out she is pregnant. The father is in Juvenile Detention. She has no car. She is not good at the internet, so she needs to go to each of these agencies to find out what services they can offer to her.

Children's Cabinet
Head Start
WIC
Planned Parenthood
Reno Crisis Pregnancy Center
Health Department for Immunizations

COMMUNITY RESOURCE DAY QUESTIONNAIRE

Your name _____

Other group members:

What was your scenario?

What agencies did you visit?

What needs did not seem to be very well met related to your scenario?

What needs were well met related to your scenario?

Did you feel safe in the agencies? In the neighborhoods?

How many busses did you ride today? What do you think of the bus system in Reno/Sparks?

Did you feel safe on the bus? Were the drivers helpful?

Did you meet people you don't normally meet? If so, discuss.

Did you see anything that made you sad/angry/offended?
If so, describe.

What people were most helpful?

What did you see/experience that you didn't know about before, besides the agencies?

What skills/resources do you have that many folks might not have to deal with the above scenario?

What did you learn today that you did not expect to learn?

Other comments? Suggestions?

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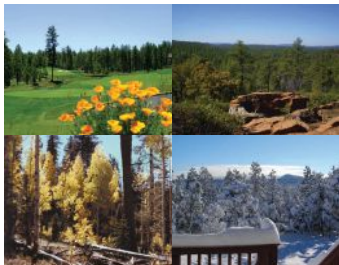
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COMMUNITY/ACADEMIC PARTNERSHIP FOR A STUDENT NURSE CLINICAL EXPERIENCE

Authors: Nancy Menzel, PhD, RN; Sarah McCrea, BSN, RN; Mary Jobes, MN, APRN; Alexandria Anderson, BA

Students: Shannon Adams, Danielle Carbonell, Elsa Casuga, Daniel Kebede, Raedell Valdez, Joseph Villarama, and Krystle Zulueta

A team of nursing students and their instructor located the rundown house in an older section of the city of Las Vegas. As one student nervously knocked on the door, an elderly woman using a walker directed them towards the bedroom of a man who had called 9-1-1 several times in the past month. As she dragged on her cigarette, the woman explained she was the man's roommate but not his caretaker. The students maneuvered through the secondhand smoke to a narrow doorway and down a step, nearly overcome by the eye-stinging odor of ammonia from urine and feces left by a cat that streaked from the room in fright. Stepping carefully and mouth breathing, the students made their way to the bedroom where a cachectic man was lying on a bare mattress with a stained pillow. His bureau top was piled with over 30 medication bottles, including some for furosemide in three different doses. "Hello, Mr. X, we're student nurses, and we're here to see if we can get you the help you need." So began the first home visit of a novel partnership between Southern Nevada CHIPs (Community Health Improvement Program) and the University of Nevada, Las Vegas (UNLV) School of Nursing (SON).

In October 2016, Southern Nevada CHIPs invited UNLV SON students to collaborate on a pilot program that would incorporate the assessment skills of student nurses to obtain observable information about referred clients through structured home visits. The plan was for nursing students to report their findings and recommendations to UNLV social work students in their practicum at Southern Nevada CHIPs for further action. The rationale was that nursing students, under the guidance of an experienced instructor,

could assess actual environmental conditions, consistency of available support, and client health status, valuable information not available to social work students due to their telephonic limitations and social work perspective, experience, and training. The social work students could use this information to improve their understanding of the needs and current resources of clients and make even more appropriate referrals to services. In turn, the students would benefit from seeing where hospitalized patients originate and the obstacles facing them at discharge. This article provides an overview and evaluation of the first round of the nursing student pilot programs and a description of the genesis of Southern Nevada CHIPs.

The Combined Communications Center (CCC), which receives and dispatches 9-1-1 calls for fire and medical emergencies for most of Southern Nevada, is located at the Las Vegas Fire & Rescue (LVFR) headquarters and has been experiencing a consistent rise in call volume over the last few years. From 2013 to 2014, the rate of increase was 5.6%, 7.1% from 2014 to 2015, and 6.3% from 2015 to 2016. Across all years, approximately 15% of the calls to the CCC were low-priority non-urgent complaints and were provided a non-emergency first response. See Figure 1.

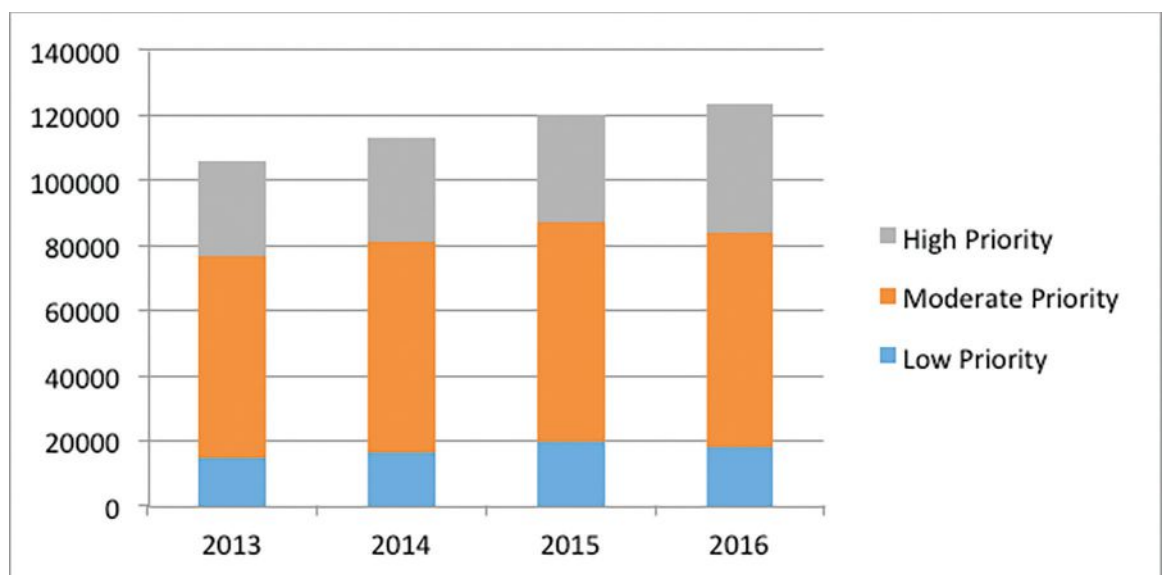


Figure 1: Annual volumes of calls for medical services only by priority.

UNLV nursing students presenting their community assessment to CHIPs board members. Front row, L to R: Daniel Kebede, Joseph Villarama, Raedell Valdez. Back row, L to R: Danielle Carbonell, Krystle Zulueta, Shannon Adams, Elsa Casuga.



Examples of requested services include:

- Transportation
- Respite care
- Behavioral health
- Shelter
- Primary care
- Substance use/abuse
- Dialysis
- Prescription refills

To reduce the number of low-priority non-urgent calls to 9-1-1 and navigate the community to the resources that will meet their needs more effectively, Sarah McCrea, RN of LVFR founded Southern Nevada CHIPs in the fall of 2013. The program began as a collaboration between LVFR and the UNLV School of Social Work. In the first year, two graduate social work students completing their practicum requirements provided telephonic needs assessments, resource education, referral assistance, and advocacy to clients referred to the program by LVFR first responders. Over the course of the third quarter of 2016, an average of 50 clients were referred each week from LVFR.

In the summer of 2015, Southern Nevada CHIPs was established as a private, non-profit organization with Alexandria Anderson as the Executive Director. In the fall of 2015, Adele Solomon, MPH, RN, was working for Clark County Fire Department (CCFD) and expanded Southern Nevada CHIPs to CCFD. In the fall of 2016, the program expanded again to include



L to R: Danielle Carbonell, Raedell Valdez, Elsa Casuga, Daniel Kebede, Nancy Menzel, Shannon Adams

UNLV nursing students Joseph Villarama and Krystle Zulueta (center) at Las Vegas Fire and Rescue Station #10.



North Las Vegas and Henderson Fire Departments and over twenty practicum students. Since 2015, Southern Nevada CHIPs has been carefully developing its Advisory Council and Board of Directors, all of whom are on volunteer status and, in 2016, selected Mary Jobes, MN, APRN as their Clinical Director.

In October 2016, Southern Nevada CHIPs invited UNLV SON students to collaborate on a pilot program that would incorporate the assessment skills of student nurses to obtain observable information about referred clients through structured home visits.

UNLV instructor Nancy Menzel, PhD, RN agreed to assign her clinical group of seven students to Southern Nevada CHIPs to make guided home visits. Agency staff collaborated with her and UNLV course coordinator Minnie Wood, MS, APRN to develop the home visit protocol, which included: 1) an interior and exterior environmental audit, looking for risk factors, 2) an assessment of Activities of Daily Living and Instrumental Activities of Daily Living, 3) a Mini-Mental State Examination, and 4) a general scan of the caller's state of health. Based on these assessments, teams of students were to identify community-appropriate nursing diagnoses, such as Ineffective Health Management or Risk Prone Health Behavior, then provide associated recommendations for social work

student follow-up. Students were assigned in teams of two to three to make visits and provide reports.

Both Southern Nevada CHIPs and UNLV nursing and social work students gained valuable experiences that will ultimately contribute to their continued professional development and future practice.

Obstacles were identified,

but despite these challenges the nursing students obtained sufficient information to meet course objectives and complete their required Healthy People 2020 community assessment. From this assessment, students compiled a priority problem list for the client population. One priority problem was communication, with Southern Nevada CHIPs clients being unaware of the purpose of the program, unaware of community resources, and some having difficulty communicating due to ill health, age, or language barriers.

The nursing students decided to focus on this problem, with an intervention of providing material for Southern Nevada CHIPs and associated first responders to use to educate vulnerable individuals who might benefit from home visits and social worker services about the program. In addition, the students suggested that Southern Nevada CHIPs should provide this marketing material to hospital discharge planners and social workers to broaden its marketing campaign. This intervention is consistent with the Healthy People 2020 Leading Health Indicator of Access to Health Services.

The nursing students presented a draft flyer to Southern Nevada CHIPs with information to incorporate in the written material they prepare for the first responders. Southern Nevada CHIPs will provide a handout to the first responders to give to clients they are referring to the program. The hope is that this material will familiarize the client to the program, provide them with expectations and resources, and result in greater trust and compliance. One student pointed out that some clients were bewildered by the purpose of the visit, suffering from “yes disease,” in which they wish to appear cooperative over the telephone but have unanswered questions. This illustrates the need to supplement telephone calls with written information for either the client or caregiver.

Southern Nevada CHIPs (agency) utilized the SWOT Analysis framework to complete an Agency Assessment of the pilot program identifying the Strengths and Weaknesses of the first iteration, as well as the Opportunities and Threats moving forward; see Figure 2. Southern Nevada CHIPs realizes great potential in the success of an inter-professional case management approach, both for the clients and for the students. For the clients, the agency will provide more information about the program, what to expect, and how it will benefit

<ul style="list-style-type: none"> • Benefits of nursing perspective versus social work perspective only • Benefits of home visits versus telephonic interview only • In-Person exchange potentiates an improved rapport and trust development with the client • Many clients are experiencing isolation and benefit from human interaction • Inter-professional educational and practice experience 	<ul style="list-style-type: none"> • Scheduling of home visits • Client commitment to home visits • Client awareness of program • Communication within Southern Nevada CHIPs team members • Communication between agencies • Communication with clients • Communication with hospital discharge planners and social workers
Strengths	Weaknesses
Opportunities	Threats
<ul style="list-style-type: none"> • More accurate needs assessment to improve intervention plans (health, environmental safety, fall risk, etc.) • Greater risk reduction potential • Greater inter-professional education and practice experiences in case management • Improved partnerships with first responders and hospital discharge planners and social workers 	<ul style="list-style-type: none"> • Unreliable and inconsistent clinical experience for nursing students • Difficult and sometimes unpredictable client demographic • Limited community resources for many clients • Poor client outcomes despite efforts • Obstacles yet to be determined

Figure 2. Southern Nevada CHIPs’ Agency Assessment, utilizing the SWOT Analysis framework.

them. This will be done via the material distributed by the first responders and while the social work student is scheduling the home visit. Southern Nevada CHIPs has since begun doing their own home visits, and so client preparation of the nursing student home visit will be done at that time. Additionally, face-to-face meetings will occur before and after the nursing student home visits to ensure the information in the referral and assessment report is complete and accurate, providing an opportunity to discuss any confusion or misunderstandings immediately as well as a greater inter-professional discussions and learning experiences.



Southern Nevada CHIPs team during on-boarding training, practicing telephonic interviewing.



Southern Nevada CHIPs team received training from local senior service provider.

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ADVANCED PRACTICE REGISTERED NURSES (APRN) AND SCOPE OF PRACTICE

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP



Scope of practice is a term used to determine the nuts and bolts of nursing practice. For the advanced practice registered nurse (APRN), the American Nurses Association (ANA) defines Nursing Scope and Standards of Practice as the “who, what, where, when, why, and how of nursing practice, including advanced practice nursing” (ANA, 2015). These standards of practice can be further made relevant to specialties within nursing, include the APRN.

As a profession, we have a responsibility to our own as well as the public to clearly define scope of practice and standards of practice. This foundation allows professionals and consumers alike to understand the role and scope of duties performed. For the APRN, additional considerations such as state laws and regulations, institutional policies and procedures, self-determination, and professional liability and risk management concerns may be part of the definition (ANA, 2015).

Scope of practice is outlined clearly in statute and regulations in Nevada. The Nevada Revised Statute (NRS) chapters 632.237 through 632.239 states the law related to APRN practice. The regulations are found in the Nevada Administrative Code (NAC) chapter 632. Scope of practice for the APRN is NAC632.255 and states “an advanced practice registered nurse may perform the following actions in addition to the functions of a registered nurse if the advanced practice registered nurse is properly prepared and the acts are currently within the standard of practice for his or her role and population of focus.” These specific actions are further described in detail in the code. As laws change in the state, the codes may also change in language and interpretation. Therefore, NPs must stay current and review any changes regularly.

Nurse practitioners (NP) may also look to professional organizations for guidance in defining scope of practice. The American Association of Nurse Practitioners (AANP, 2015) publishes and updates Scope of Practice for Nurse Practitioners

regularly to reflect current practice. The AANP breaks down scope of practice into four main categories: professional role, education, accountability, and responsibility.

The professional role describes the NP as an independent practitioner who may practice in a variety of settings. NPs may assess, diagnose, treat, and manage care across the lifespan during acute, episodic, and chronic illnesses. NPs provide care as licensed, independent providers autonomously and in coordination with other health care providers to individuals and families.

Education standards for APRNs require a minimum of a master’s degree in nursing, graduate from a nationally accredited NP program, national certification in their area of foci, and registered nurse (RN) licensure in Nevada (NRS 632.237). Standards include established course work to meet requirements are included to obtain full licensure. Performing specialized tasks and procedures are outlined in nursing regulation and scope of practice decision tree (Nevada Board of Nursing, 2002).

Nurse practitioners hold to a high standard of accountability in their practice of high-quality patient focused health care. NPs must maintain their national

“

As a profession, we have a responsibility to our own as well as the public to clearly define scope of practice and standards of practice.

”

certification, malpractice liability, licensure, and continuing education to ensure proficiency in care. According to a recent Gallup poll, 84% of Americans rate nurses honesty and ethical standards as high or very high (Gallup, 2016). This trust is part of the fabric of NP practice.

Responsibility encompasses the various roles NPs play in the profession: provider, mentor, educator, researcher and health care administrator. As leaders, NPs impact health policy by serving on boards, commissions, legislatures, and in all types of organizations. NPs are actively engaged in community and professional organizations engaged in the promotion of health and well-being of all citizens to ensure safe, appropriate, and high-quality care.

Advanced practice registered nurses have both responsibility and duty to know their scope of practice as both registered nurses and advanced practice nurses. APRNs should consult with state laws for guidance as well as professional organizations to ensure their scope of practice is within legal and professional boundaries. Reflection of scope of practice should be an ongoing exercise to ensure accountability and responsibility in their role as advanced practice registered nurse.

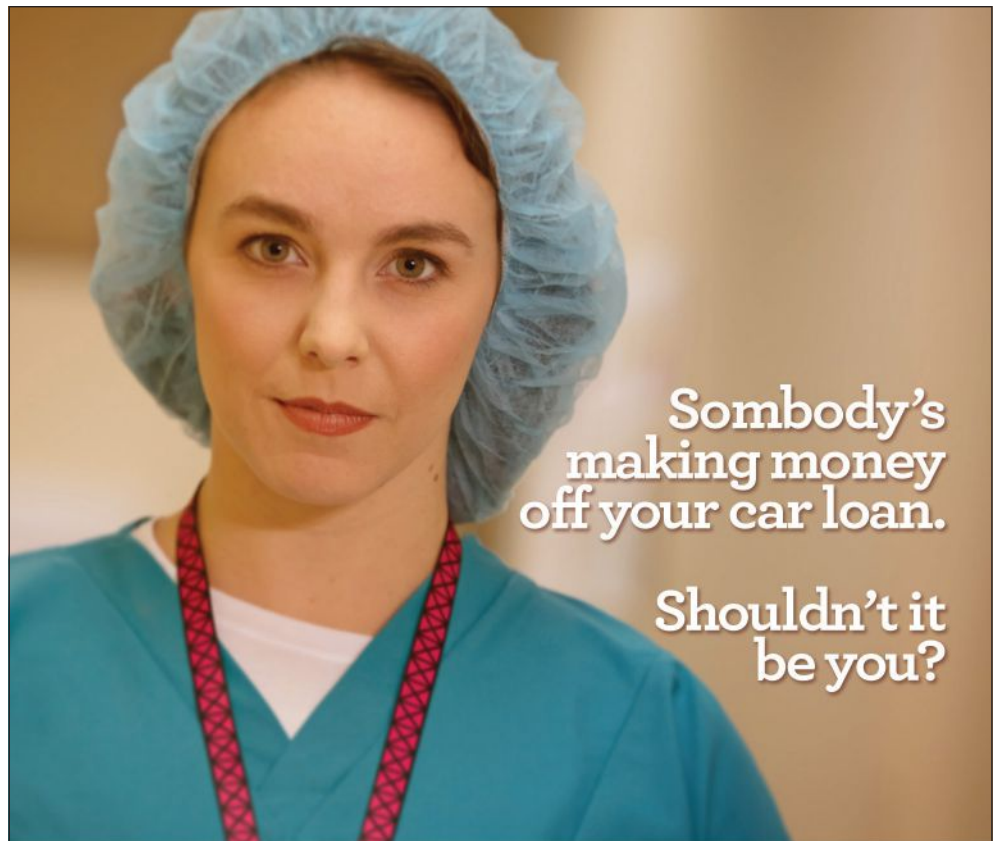
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BOARD MEMBERS

BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's website and at community sites.

• COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

• WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

BOARD MEETING DATES

March 22-24, 2017	Reno
May 17-19, 2017	Las Vegas
July 25-27, 2017	Zephyr Cove
September 20-22, 2017	Las Vegas
November 15-17, 2017	Reno

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MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (none)

May 9, 2017
August 1, 2017
November 7, 2017

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (three)*

April 6, 2017
August 3, 2017
October 5, 2017

*One MA-C, one LPN, one Acute Care RN

Disability Advisory Committee (none)

April 21, 2017
October 20, 2017

Education Advisory Committee (none)

April 7, 2017
August 4, 2017
October 6, 2017

Nursing Practice Advisory Committee (none)

April 11, 2017
June 6, 2017
August 22, 2017
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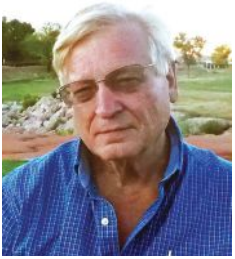
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ANTIBIOTIC STEWARDSHIP

TAKING RESPONSIBILITY



Norman Wright, RN, BSN, MS

Historically there has been a “finger pointing” blaming environment between Acute Care Hospitals and Long Term Care/Nursing Home facilities. Each blames the other stating “You are responsible for the rise in Multiple Drug Resistant Organisms.” It is time to stop shifting the blame for the dramatic increase in Antibiotic Resistance (AR). Is time for all to take responsibility!

The: “What came first, the chicken or egg” argument can be debated forever but placing blame serves no purpose other than to divert responsibility. If you point a finger and say; “Not where I work,” or “My place is so small, what does it matter what we do?” You lose sight of the big picture. We must change the way we think!

Antibiotic stewardship is a mutual responsibility, not only in acute care hospitals and long term care facilities, but of all health care providers who prescribe or disseminate antibiotics. Nurses, who work in Acute Care hospitals, LTAC’s, Long Term Care Nursing Homes, Home Care Agencies and physician offices, must be involved in promoting appropriate Antibiotic Stewardship (AS).

Perhaps nurses are the key element to promote Antibiotic

Stewardship. We work in, and at, every level of health care from well-mom/baby clinics on up (down?) to the ER nurse in an acute care hospital.

If you are a nurse who thinks; “What can I do, I am only one nurse?” - Hopefully your mindset will change and you become a nurse who says; “Now is time for me to change the way I think!”

Antibiotics are a double edged sword. Appropriate use of antibiotics saves lives – but misuse opens a Pandora’s Box. In the 1980’s MRSA was the big concern, then in the 1990’s VRE. In early 2000 to 2010 ESBL (Extended-spectrum beta-lactamase) producing bacteria became the next MDRO of concern -<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC89009/>. Now the concern has grown to include CRE (carbapenem-resistant Enterobacteriaceae) which are developing to be a PDRO (resistant to all antibiotics). A PDRO Klebsiella pneumoniae was recently found in a Reno Nevada woman who has since died - <https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a7.htm>.

The Nevada Antimicrobial Stewardship Program (www.NVASP.net) asks you to become a part of the solution. Join our team and promote antibiotic stewardship in your place of employment and in your daily lives.



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